



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION**

DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1145
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

**INSTRUCTION AND INFORMATION SHEET FOR
PRENEED SALES AGENT (INDIVIDUAL) REGISTRATION**

Effective January 1, 2008, no individual may offer or sell preneed funeral contracts without first registering with the Commissioner as a Preneed Sales Agent. Additionally, no individual may sell, solicit or negotiate prearrangement insurance policies without first registering with the Commissioner as a Preneed Sales Agent and obtaining an insurance producer license pursuant to Tenn. Code Title 56, Chapter 6, Part 1.

Authority: Tenn. Code Ann. § 62-5-404(a) and Chapter 592, § 5 of the Public Acts of 2007.

Effective January 1, 2008, no funeral establishment or other individual, firm partnership, company, corporation, or association may offer or sell preneed funeral contracts without first registering with the Commissioner as a Preneed Seller. A funeral establishment or other individual, firm, partnership, company, corporation, or association with more than one (1) physical location in this state shall obtain a separate registration for each physical location where it acts as a Preneed Seller.

Authority: Tenn. Code Ann. § 62-5-404(b) and Chapter 592, § 5 of the Public Acts of 2007.

- 1) The nonrefundable filing fee for registration as a Preneed Sales Agent is \$250.00 (two hundred fifty dollars).
- 2) All registrations are effective for two (2) years.
- 3) Checks or money orders should be made payable to "Tennessee Department of Commerce and Insurance" and mailed to the following address:

Tennessee Department of Commerce and Insurance
Burial Services Section
Davy Crockett Tower
500 James Robertson Parkway
Nashville, Tennessee 37243-1145

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION

APPLICATION FOR REGISTRATION

PRENEED SALES AGENT

SECTION A. PRENEED SALES AGENT:

INSTRUCTIONS: The Preneed Sales Agent applicant must carefully read each of the following questions and indicate his or her answer as "Yes" or "No" in the space indicated. **For each "Yes" answer to questions 1, 2, or 3 you must attach a written explanation providing details and documentation of the final disposition of the case(s).**

1. Have you ever been convicted of, or entered a plea of guilt or nolo contendere or no contest to either a felony OR a misdemeanor involving moral turpitude? Yes ___ No ___

If you answer yes, you **MUST ATTACH** to this application:

- a.) a written statement explaining the circumstances of each incident, and
- b.) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Are you the subject of any pending governmental enforcement actions in any jurisdiction? Yes ___ No ___

3. Have you ever had a license, or applied for a license, (or its equivalent) to practice any profession or occupation that was denied, suspended or revoked, or otherwise acted against? Yes ___ No ___

4. Are you now or have you ever been licensed as an insurance producer or insurance broker in the State of Tennessee? Yes ___ No ___

If so licensed in the last 5 years, please indicate your license number _____ and the names of the insurance companies you currently represent (attach additional sheets if necessary):

5. Do you have any type of working or agency relationship with any funeral establishment other than as indicated in Section B. of this application? Yes ___ No ___

If so, please indicate the names of the other funeral establishments (attach an additional sheet with each funeral establishment's manager completing Section B.):

I hereby affirm, under penalty of perjury, that all of the information submitted in this application is true and correct and complete. I am aware that knowingly and willfully making a material misstatement in connection with an application for registration is grounds for the denial, refusal to renew, suspension, or revocation of a registration / license.

Name _____ Home Telephone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security Number _____

Signature of Preneed Sales Agent Applicant: _____ Date: _____

For updates and other information, please visit: <http://funeral.tn.gov>

SECTION B. TO BE COMPLETED BY AUTHORIZING PRENEED SELLER:

Funeral establishment or other individual, firm, partnership, company, corporation, or association:

Name Preneed Seller Registration Number

Mailing Address City State Zip Code

Telephone Number Facsimile Number E-mail Address

I hereby affirm, under penalty of perjury, that the preneed sales agent applicant listed in this application is employed by our establishment and / or authorized to represent our establishment selling preneed funeral contracts.

Name of Establishment's Manager Signature of Establishment's Manager Date